

CERTIFICATION

State law requires certification by the owner or officially authorized representative. (Please type or print all information except signature.)

Name of Building _____

Property Address _____

Owner(s) Name(s) _____

All information, including the accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief are true, correct, and complete.

Management firm _____ Phone _____

Address _____

Date _____ Signature _____ Title _____

Print Name _____ E-mail _____

A. ANNUAL INCOME (Calendar Year 2021)

01 Rental Potential Income – Office Space	_____
02 Rental Potential Income – Stores, Shops, Banks, Restaurants, etc.	_____
03 Rental Potential Income – Basement or Storage Space	_____
04 Rental Potential Income – Parking	_____
05 Vacancy and Collection Loss	_____
06 Effective Gross Income (Sum Lines 01-04, then subtract Line 05)	_____
07 Real Property Tax escalation or reimbursement.....	_____
08 Reimbursements for Operating Expenses.....	_____
09 Reimbursements for Tenant Improvements.....	_____
10 Income from sale of Utilities or Services to tenants	_____
11 Miscellaneous Income – Specify	_____
12 TOTAL INCOME (Sum of Lines 06-11).....	_____

B. ANNUAL EXPENSES (Calendar Year 2021)

Utilities

13 Electricity (excluding HVAC)	_____
14 HVAC (Fuel Type: _____)	_____
15 Combination Electricity for Power & HVAC	_____
(Do not fill in if lines 13 & 14 were used)	_____
16 Water/Sewer.....	_____
17 TOTAL	_____

Maintenance & Repair (excluding capital expenditures)

18 Maintenance and Repair Payroll	_____
(includes payroll taxes and benefits).....	_____
19 Supplies	_____
20 HVAC repairs	_____
21 Electric/plumbing repairs.....	_____
22 Elevator repairs & maintenance contract	_____
23 Exterior repairs	_____
24 Roof repairs.....	_____
25 Parking lot and paving repairs.....	_____
26 Tenant Improvements (specify).....	_____
27 Public area improvements	_____
28 Other repairs (specify)	_____
29 TOTAL	_____

Administrative

30 Administrative payroll	_____
(includes payroll taxes and benefits)	_____
31 Advertising	_____
32 Management fee	_____
33 Leasing fees (specify)	_____
34 Other administrative costs (specify)	_____
35 TOTAL	_____

Services

36 Janitorial contract or janitorial payroll	_____
(includes payroll taxes and benefits).....	_____
37 Landscape contract or landscape payroll	_____
(includes payroll taxes and benefits)	_____
38 Trash removal	_____
39 Security contract or security payroll	_____
(includes payroll taxes or benefits)	_____
40 Window washing	_____
41 Snow removal	_____
42 Miscellaneous (specify)	_____
43 TOTAL	_____

Insurance and Taxes

44 Insurance (1 year only)	_____
45 Personal Property Taxes	_____
46 Real Estate Taxes	_____
47 TOTAL	_____

Other Expenses

48 Payments for Ground Rent	_____
49 Replacement reserves	_____
50 Other (specify)	_____
51 TOTAL	_____

52 TOTAL EXPENSES

(Sum of Lines 17, 29 35, 43, 47 & 51)

53 NET OPERATING INCOME

(Total Income less Total Expense,
Line 12 minus Line 52)

Capital Expenditures

Have there been Capital Improvements or Capital Renovations to the property during this reporting period? ☐ Yes ☐ No

If yes, please provide total cost here and attach a detailed list on a separate page.

Reflect only those capital costs that were expensed in calendar years 2020 & 2021.

Total Capital Costs _____

C. COST INFORMATION (applicable if property was built within last five years)

Estimated total development costs (includes all direct or "hard" costs plus all indirect or "soft" costs, including marketing costs, leasing commissions, etc.

to achieve initial stabilized occupancy) \$ _____

Purchase price of land \$ _____

TOTAL COSTS \$ _____

NOTE: A detailed construction cost breakout report may be substituted in lieu of the above information.

D. SALES INFORMATION

Date Acquired _____ Price \$ _____

Date Sold _____ Price \$ _____

E. MISCELLANEOUS INFORMATION & CONCESSIONS

Is there a premium for: Elevation? ☐ Yes ☐ No View? ☐ Yes ☐ No Front & Back? ☐ Yes ☐ No

Annual increases: Flat: _____%/year or _____% of CPI

Free rent ☐ Yes ☐ No Months free rent: _____

Moving allowance ☐ Yes ☐ No How much? \$ _____

Cash allowance ☐ Yes ☐ No How much? \$ _____

Parking charge ☐ Yes ☐ No How much? \$ _____

Fix-up allowance ☐ Yes ☐ No How much? \$ _____

F. VACANCY INFORMATION

Space vacant January 1, 2022 _____ sq. ft. rentable

Space vacant January 1, 2021 _____ sq. ft. rentable

Estimated income loss from vacancies in 2021 not compensated by lease: \$ _____

Actual loss of income in 2021 from bad accounts: \$ _____

Current market rent per sq. ft. for vacant space: \$ _____

G. TENANT INFORMATION

Please complete the enclosed Tenant Information Form (K) and/or submit a copy of the most up-to-date rent roll.

Responsibility for normal operating expenses: ☐ Owner ☐ Tenant

Responsibility for insurance & real estate taxes: ☐ Owner ☐ Tenant

Other provisions or modifications _____

Submit a copy of lease summary for all recently signed or executed leases (within the last two years) or a copy of the lease document if a summary is not available.

OWNER-OCCUPIED SPACE

If the owner or management occupies space on a rent-free basis, please identify the amount of space assigned and use:

Above grade retail space: _____ (sq. ft.)

Above grade office space: _____ (sq. ft.)

Below grade space: _____ (sq. ft.)

Total owner-occupied space: _____ (sq. ft.)

Has there been a professional on this real property in the last five years? ☐ Yes ☐ No

If yes, appraiser's estimate of value \$_____ Date of value _____

Please identify each level as Basement, Mezzanine or Numbered Floor:

Level	Gross Sq. Ft.	Gross Rentable Sq. Ft.		Level	Gross Sq. Ft.	Gross Rentable Sq. Ft.

In lieu of the above, please include a copy of the most recent rent roll.

	Garage		Surface		Total Spaces
	Number	\$ / Month	Number	\$ / Month	
Parking Spaces					
Loading Spaces					